No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22767

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6349

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3817 a Windsor Pl. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cora Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5

5. Color or race Negro

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 9 (Day) 1892 (Year)

8. AGE: Years 55 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Graceville (City, town, or county) Fla. (State or foreign country) 1

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Clarence Davis
13. Birthplace (City, town, or county) Ga. (State or foreign country) 1

MOTHER
14. Maiden name Lillie Ryan
15. Birthplace (City, town, or county) Fla. (State or foreign country) 1

16. (a) Informant Eva Mae Currie
(b) Address 3817 a Windsor Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Atkins Bros. Unf. Co.
(b) Address 3644 Finney ave.

19. (a) JUL 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1947 hour 10 minute 2P M.

21. I hereby certify that I attended the deceased from June 27, 1947, to June 29, 1947; that I last saw her alive on June 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. B. Williams (M. D. or other)

Address 2601 N Whittier Date signed 6/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 22842

P. O. Address 3644 Finney a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.